

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2284

1. PLACE OF DEATH

County Mississippi
Township St. James
City St. James (No. 567)

Registration District No. 567
Primary Registration District No. 5768

File No. 5
Registered No. 5
St. 5 Ward

2. FULL NAME

Carle Johnson Gilmore

(a) Residence, No. Anniston, Mo. St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minnie Bell Gilmore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 12 1862</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>2</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day,hrs. ormin.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. James, Mo.</u>		
13. NAME <u>Henry Gilmore</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. James, Mo.</u>		
15. MAIDEN NAME <u>Emily Jackson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. James, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Frank Gilmore</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>Jan 21 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Gilmore</u>		
20. FILED <u>Jan 19 1937</u> <u>Dr. J. M. H. H. H.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 12 1937 to Jan 19 1937
I last saw him alive on Jan 18 1937 at 8:30 P. M. Death is said to have occurred on the date stated above, at 4 P. M.
The principal cause of death and related causes of importance were as follows:
Cardiac Apoplexy
Date of onset Jan 18 1937

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) Dr. J. M. H. H. H. M. D.
(Address) St. James, Mo.

